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Notice of Independent Review Decision

Case Number:

Date of Notice: 04/13/2015

Review Outcome:

A description of the qualifications for each physician or other health care provider who reviewed the decision:

Orthopedic Surgery

Description of the service or services in dispute:

Right knee arthroscopy with osteochondral autograft

Upon Independent review, the reviewer finds that the previous adverse determination / adverse determinations should be:

- ☒ Upheld (Agree)
- ☐ Overturned (Disagree)
- ☐ Partially Overturned (Agree in part / Disagree in part)

Patient Clinical History (Summary)

The claimant is a female who was reported to have sustained work related injuries on xx/xx/xx. It was reported on this date that a floor mat gave out from underneath her she subsequently sustained immediate knee pain after a twisting event. She later reported developing pain with popping. She was noted to have had persistent knee pain anteriorly with a feeling of the knees go backwards. She has been treated with wrapping and ibuprofen with minimal relief. On physical examination dated 01/13/15 she's noted to be 66 inches tall and weighs 285 pounds. She has a BMI of 46.17. Unfocused examination of the right knee there is tenderness of the lateral and medial joint lines. Range of motion is 0-120 degrees. Motor strength is graded as 5/5. Provocative testing is reported to be negative. Radiographs of the knee performed on this date are reported to note marginal osteophytes present with subchondral sclerosis and mild joint space narrowing in the lateral compartment. The claimant was referred for MRI of the right knee on 02/02/15 this study notes stable osteochondral lesions in the lateral femoral condyle and lateral tibial plateau. There is a large joint effusion noted with proliferative synovitis, persistent plica and large baker cysts. Pre-patellar and infrapatellar bursitis are noted. There are findings consistent with chronic quadriceps tendinosis. There is PCL and superficial medial collateral ligament tendinosis with low grade intrasubstance tears of the PCL. There is a flap tear of the anterior horn of the lateral meniscus with radial tear of the anterior root. There is chondromalacia patella and chondromalacia of the trochlear cartilage. The claimant was seen in follow up on 02/05/15 at this time she reports continued pain with limited activities. She reports catching with range of motion. On physical examination she was noted to have positive Apley's compression test she is reported to have no improvements with conservative measures she subsequently was recommended to undergo a right knee arthroscopy with micro fracture versus oats

On 02/11/15 a request for right knee arthroscopy with osteochondral autograft was non-certified. The reviewer noted the presence of arthritic changes rather than isolated cartilage lesion. He notes that there was no attempt at micro fracture and as such the request would not meet Official Disability Guidelines.

The appeal request was reviewed on 02/26/15. This request was non-certified. The reviewer notes that this

was a non-traumatic injury. There is arthritic changes in the lateral compartment and chondromalacia patellofemoral cartilage which predates the reported injury. He notes that the patient does not meet criteria as the lesions are on the lateral femoral condyle and tibial plateau. He notes that debridement with micro fracture would be more appropriate for her age.

Analysis and Explanation of the Decision include Clinical Basis, Findings and Conclusions used to support the decision.

The request for right knee arthroscopy with osteochondral autograft 29866 is not supported as medically necessary and the prior utilization review determinations are upheld. The submitted clinical records indicate that the injured worker is a xx year old female who suffered a twisting injury on xx. The submitted clinical records fail to document adequate non-operative treatment. There is no indication of prior subchondral drilling or micro fracture. The size of the lesion is not adequately described. The lateral compartment is noted to be mildly narrowed and the injured worker's body mass exceeds 35 as such she would not meet criteria per the Official Disability Guidelines and medical necessity was not established.

A description and the source of the screening criteria or other clinical basis used to make the decision:

- ☐ ACOEM-America College of Occupational and Environmental Medicine um
- ☐ knowledgebase AHCPH-Agency for Healthcare Research and Quality Guidelines
- ☐ DWC-Division of Workers Compensation Policies and
- ☐ Guidelines European Guidelines for Management of Chronic
- ☐ Low Back Pain Interqual Criteria
- ☒ Medical Judgment, Clinical Experience, and expertise in accordance with accepted medical
- ☐ standards Mercy Center Consensus Conference Guidelines
- ☐ Milliman Care Guidelines
- ☒ ODG-Official Disability Guidelines and Treatment
- ☐ Guidelines Pressley Reed, the Medical Disability Advisor
- ☐ Texas Guidelines for Chiropractic Quality Assurance and Practice
- ☐ Parameters Texas TACADA Guidelines
- ☐ TMF Screening Criteria Manual
- ☐ Peer Reviewed Nationally Accepted Medical Literature (Provide a description)
- ☐ Other evidence based, scientifically valid, outcome focused guidelines (Provide a description)

